

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32411

State File No. \_\_\_\_\_

FILED OCT 9 1950

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>93</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>			
b. CITY OR TOWN <u>Rural Washington Twp</u>		c. LENGTH OF STAY (In this place) <u>0-5-4</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>1080</u>		OR TOWN <u>Wacker</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Edmonds</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-23-50</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-7-1873</u>	
9. AGE (In years last birthday) <u>77</u>		10. MONTHS <u>6</u>		11. DAYS <u>16</u>		12. IF UNDER 1 YEAR (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <u>Howard County, Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>American</u>			
13a. FATHER'S NAME <u>Richard H. Edmonds</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Ray</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Howard Edmonds Horton Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Deterioration</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  794X				INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u> m.		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4-19-1950</u> , to <u>9-23-1950</u> , that I last saw the deceased alive on <u>9-23-1950</u> , and that death occurred at <u>9:45 A.M.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or title) <u>J. B. Bunch - M.D.</u>				23b. ADDRESS <u>State Hospital # 3</u>		23c. DATE SIGNED <u>9-23-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newborn Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Newark Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 28-50</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Vance</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Ferry</u>		ADDRESS <u>Newark, Missouri</u>	

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED OCT 2 1950

Dist. File 1050-2036

Date Filed 10-3-50

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 1760

P. O. Address Merida, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.